

Wisconsin Estate Tax Return

For Estates of Resident and Nonresident Decedents When

For Department Use Only						
Auditor Number			TO VAL			
7AU	110P	120P				
MA8	11CL	12CL				
Social security number						

AMENDED	. 0.	Date of Death Is On or After January 1, 2005					110P				
Estate of				Date of death Date of birth		Social se	Social security number				
Address of decedent at date of death					Estate fe	deral ID n	umber (EII	N)			
Address of decedent at	date of death					Estate te	aciai ib ii	umber (En	14)		
City	ity		Zip code	County		First nam	First name of surviving spouse				
Will a closing certificate for fiduciaries be needed to close the ewith the Circuit Court? Yes No			ose the estate	Type of proceeding	Probate o	Probate case number					
	Attach	complete	copy of Fe	ederal Estate	Tax Return	– Form 7	06.				
Make checks pa	yable to and	mail to:			Talada a N	I I (0	00) 000	0770			
Wisconsin Department of Revenue				Telephone Number: (608) 266-2772 Phone help for hearing-impaired people with							
PO Box 8 Madison	904 WI 53708-89	004			TDD equip	_	os) 267		e with		
	1 Enter the	lesser of line	7 or 17, Colun	nn F of Tax Con	nputation Sch A c	or B	1				
COMPUTATION	2 Gross val	ue of propert	ty in Wisconsi	in			2				
OF WISCONSIN 3 Gross value of total estate (line 1 of Tax Computation Sch A or B)							3				
ESTATE TAX	4 Percent o	f property in	Wisconsin (lin	ne 2 divided by	line 3)		4		%		
	5 Wisconsir	n estate tax (line 20, Colur	mn F of Tax Co	mputation Sch A	or B)	5				
INTEREST	6 Interest @	2 12% (from	tc) (see instructions) .		6				
AND	7 Penalty (s	7 Penalty (see instructions)					7				
PENALTY	8 TOTAL TA	8 TOTAL TAX, INTEREST AND PENALTY (add lines 5, 6 and 7)									
TAX DUE	9 Previous	payment (en	ter date).			9				
OR	10 If line 9 is	0 If line 9 is less than line 8, subtract line 9 from line 8 Balance Due					10				
REFUND	11 If line 9 is	greater than	line 8, subtrac	ct line 8 from line	9	. Refund	11				
DECLARATION of	f personal re	presentative,	, special adm	ninistrator, trus	ee, distributee	or other pe	rson si	gning F	orm W706.		
I declare that I have been examined by than the person filin I duly authoriz	me and is to ng this return, t	the best of n he preparer's	ny knowledge, separate decl	, true, correct a	nd complete. If t	this return is n of which he	prepare	ed by ar has any	nyone other		
Name				Address (street,	city, state, zip code)						
SIGN HERE			Designation	Date	Telephor	Telephone number					
Person preparing	the return (ind	ividual and fi	irm) if other th	han the precedi	ng signer.						
Name			Address (street,	Address (street, city, state, zip code)							
SIGN HERE					Date	Telephor	ne number	r			

The certificate determining Wisconsin estate tax will be mailed to the individual / firm at the address shown below:

<u></u>					
Name of individual or firm	Attn or c/o				
Address	City	State	Zip code		
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